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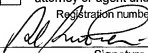
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 *(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*	Docket Number (Optional) 246472008500

Application Number	10/552,707	Filed	October 7, 2005

For   PROSTHETIC INTERVERTEBRAL JOINT FOR THE CERVICAL SPINE (as amended)

Art Unit 3774		Examiner	A. M. Schillinger

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
[ ]	One month (37 CFR 1.17(a)(1))	$130	$65	$ _____
[X]	Two months (37 CFR 1.17(a)(2))	$490	$245	$ 490.00
[ ]	Three months (37 CFR 1.17(a)(3))	$1110	$555	$ _____
[ ]	Four months (37 CFR 1.17(a)(4))	$1730	$865	$ _____
[ ]	Five months (37 CFR 1.17(a)(5))	$2350	$1175	$ _____

[ ] Applicant claims small entity status. See 37 CFR 1.27.

[ ] A check in the amount of the fee is enclosed.

[ ] Payment by credit card. Form PTO-2038 is attached.

[X] The Director has already been authorized to charge fees in this application to a Deposit Account.

[X] The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number ____03-1952____ .

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

[ ] applicant/inventor.

[ ] assignee of record of the entire interest. See 37 CFR 3.71.
    Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

[X] attorney or agent of record. Registration Number ____28,055____

[ ] attorney or agent under 37 CFR 1.34
    Registration number if acting under 37 CFR 1.34 _____

(signature)	June 22, 2009
Signature	Date
Barry E. Bretschneider	(703) 760-7743
Typed or printed name	Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

[ ] Total of ____1____ forms are submitted.